Chuckt and bebenviour Bedraction year of 1865" to belacod all lectured to lesbour to a conjugation of bipocheron hupers a district and accommended Approved for use through 1/3 1/2006 OHIE OHI 1023 PTOSBAULIAL U.S. Peters and Tradement Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-878 Bliscine December 8, 2004 APPLICATION AS FILED - PARTI (Column 1) Cainin 21 SMALL ENTITY OTHER THAN ÓR SMALL ENTITY FOR HUMBER FILED HUHBER EXTRA BASIC FEE BATE (\$ (27 CFR 1 18(1) (W # (c)) EEE as NVA RATE (1) H/A FEEM S EARCH FEE NVA 150.00 HILL 131 OFA 1 16(W. H. or Int) N/A 00.00E H/A NA EXAMINATION FEE \$250. N/A (37 CFR 1 1610) (p), or [a)] \$600 NA N/A NV \$100 TOTAL CLAIMS NA (27.CFR 1 16(d) \$200 MINUT 20 . X\$ 25 INDEPENDENT CLAIMS X\$50 ÓA 127 CER I IGINI C minim X100 Oot besone against and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE . 137 CFR 116(4) ts \$260 (\$128 (or small entity) for each additional 50 sheets or fraction thereof, See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(4) MULTIPLE DEPENDENT OLAIM PRESENT (37 CFR | 1641) +160= +360. * If the difference in column 1 is less then 2010, enler "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II Column 1) (Column 2) (Column 3): OTHER THAN SMALL ENTITY OR CLXIMS REMAINING HIGHEST SMALL ENTITY MAWAEÉ PRESENT AFTER MEHOMEHT 06 RATE (1) MENDMENT PREVIOUSLY RATE(\$) PAID FOR TIONAL ADOG: AL CIA LING TIONAL FEE (1) Minus FEE (\$ X\$ 25 Mapendent of CHA LIGHT X\$50 Minus OR . X100 Application Sto Fee (37 CFR 1.16(s)) X200 Oŧί FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1)7 CFR 1.16(0) +180= +360= OR TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Column 1) CLAIMS REMAINING (Column 2) (Column 3) HIGHEST œ NUMBEA PRESENT AFTER. MENOMENT RATE (1) ADDI-TIONAL FEE (1) PREVIOUSLY EXTRA RATE (\$) ADOI-PAID FOR TIONAL FEE IN Total Caronical Minus X\$ 25 troppendent X\$50 ØЯ X100 Application 6124 F44 (37 OFR 1.16(8)) X200 RO furit presentation of multiple dependent claim (et cer 1.160) +180a +860± ØŔ TOTAL

If the entry in column 1 is best than the entry in column 2, write "or in column 3.

If the Alighest Number Previously Paid For th This SPACE is less than 2, enter 20.

The Alighest Number Previously Paid For the This SPACE is less than 3, enter 3.

The Alighest Number Previously Paid For the This SPACE is less than 3, enter 3.

The Alighest Number Previously Paid For Total or Independent is the holisest number found in the anticophale box in column 1.

To do piccase an application. Confidentiality to potented by 35 U.S.O. 122 and 37 OFFR 1.14. This collection is the first which is to the fand by the building graineding, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any completes amount of time you require to complete this form and/or supperfloras for reducing this burden, should be sent to the Individual case. Any commitment of Chica, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES ON COMPLETED FORMS TO THIS ORBES. SEND TO: Openantissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.